									Application or Docket Number					
	PATENT A	PPLICATIO				•								
Effective October 1, 2000									09905342					
CLAIMS AS FILED - PART I									L ENTITY OTHER THAN					
			(Column 1)	(Column 2)			TYPE		OR	SMALL ENTITY			
TOTAL CLAIMS			19					RAT	E	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			19 _ minus 20=		6			X\$	9=		OR	X\$1B=		İ
INDEPENDENT CLAIMS			5_ minus 3 =		2			X40=			OR	X80=	160.	20
MUL	TIPLE DEPEND	DENT CLAIM P	RESENT					+13	5=		OR	+270=		
• If t	he difference i	in column 1 is	less than zer	ro, ente	r °C' in column 2			TOT	AL		OR	TOTAL	870.0	2
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								-			, 	OTHER	THAN	Ĭ.
	21~05	(Column 1)			mn 2) Rest	(Column 3	3)	2M/	<u></u>	ENTITY	OR	SMALL		
V IV		REMAINING AFTER		NUM PREVI	ABER HOUSLY FOR	PRESENT EXTRA		RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	AMENDMENT	Minus	**	20	- /	1.	XS.	9=	PEE	OR	X\$18= ·		
ZEK	independent	• 3	Minus	***	3	= /]	X4	 0=		OR	X80=	 -	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM]				•	-		İ
				·				+13			OR	+270=		
	·				,	•		ADDIT	OTAL FEE		OR	ADDIT. FEE		
<u> </u>	78-03	(Column 1)			umn 2) HEST	(Column 3	<u>3) </u>						· ·	
9		CLAIMS REMAINING		NUI PREV	MBER	PRESENT	٠ .	RA	TE	ADDI- TIONAL		RATE	ADÓI- TIONAL	
		AFTER AMENDMENT			D FOR	EXTRA	_	MIE	FEE		PAIE	FEE		
AMENDMENT B	Total	. 20	Minus	••	20	= /	┛	X\$	9=		OR	X\$18≖		
AME	independent	NTATION OF M	Minus	ENIDEN	TCI AIM	<u> • /-</u>	4	X4	0=		OR	X80=	•	
Ш	FIRST PRESE	HINIOH OF M	JEHR LE VER	- 10CI	·			+13	IS=		OR	+270=		
	•;				·	•			OYAL		OR	YOYAL		
	٠	(Column 1)		(Cal.	umn 2)	(Column :	3)	AUUIT	. rtt	L		ADDIT. FEE		1
		CLAIMS	1	HIG	HEST		7			ADDI-	1		ADDI-	•
AMENDMENT C		REMAINING AFTER			MBER /iously	PRESENT EXTRA		- RA	RATE	TIONAL		RATE	TIONAL	
		AMENDMENT		PAI	D FOR		4	<u> </u>		FEE			FEE	I
	Total	•	Minus	* '	20	•	4.	XS	9=	.	OR	X\$18=		
3	Independent	<u> • </u>	Minus	***	_ک_	<u> </u>	4	X4	0=		OR	X80=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_				 -	1
+135= * If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.											OR	+270=		Į
_	If the "Highest No	mn 1 is iose men mber Previously f mber Previously i	aid For IN TH	S SPACE	E is less tha	en 20, enter "	20.	TIOCA	OYAL FEE		OR	ADDIT. FEE	L	1
	The Wighest No.	mber Prodously P	ed For (Total o	r Indeper	ndeni) is th	highest nun	nber f	ni bawa	gae est	propriate bo	a in a	olumn 1.		

FORM PTO-875

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